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|--|---|------------------------|--------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |   | Application Number     | 10/806,253         |
|  |   | Filing Date            | March 22, 2004     |
|  |   | First Named Inventor   | David C. BAULCOMBE |
|  |   | Art Unit               | 1635               |
|  |   | Examiner Name          | A. Bowman          |
| Total Number of Pages in This Submission   | 5 | Attorney Docket Number | 616292000110       |

| ENCLOSURES (Check all that apply)  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (4 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer (1 page)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): | <div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>CUSTOMER NO. 25225</p> |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |  |   |
| Firm Name  | MORRISON & FOERSTER LLP  |  |   |
| Signature  | /Kate H. Murashige/  |  |   |
| Printed name   | Kate H. Murashige  |  |   |
| Date   | May 22, 2007   | Reg. No.   | 29,959  |